



PUBLIC PROCUREMENT OVERSIGHT AUTHORITY

APPLICATION FOR EMPLOYMENT FORM

Please complete this form in block letters as appropriate and submit together with your detailed CV and testimonials to the Director General, Public Procurement Oversight Authority, P.O. Box 58535-00200 Nairobi, KENYA

1. Position Applied for

Vacancy/Position.....Ref.....

2. Personal Details

Name of the applicant.....Title.....

(Surname) (First Name) (Other Names) (Prof/Dr./Mr./Mrs./Ms/Rev)

Date of Birth & Age..... Gender: Male Female

(dd-mm-yyyy/years)

Nationality:.....ID/Passport No:.....Employment/P No.....

Address:.....Postal Code:.....

Home County:.....District:.....Sub-county :.....

Telephone:.....Mobile:.....E-Mail Address:.....

Alternative Contact Person:.....Telephone:.....

3. Applicants in the Public Service Only

Ministry/Department/County/Other Public Institutions:.....

Work Station:.....

Present Substantive Post:.....Job Group:.....Effective Date:.....

(dd-mm-yy)

Terms of Service: Permanent & Pensionable Contract Temporary

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Telephone:+254(020) 3244000, 2213106, 2213107
Fax: +254(020) 2213105, 3244377, 3244277
E-mail: info@ppoa.go.ke
Website: www.ppoa.go.ke

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7. Other Relevant Courses and Training/Registration/Membership to Professional Bodies/Institution

Year	Institution/College	Courses	Details

8. Employment Details (starting with the most recent)

Year		Employer's Name	Position/Rank/Designation	Job Group/Gross Monthly Salary(Ksh.)	Reason for leaving
From	To				

9. Briefly state your current duties, responsibilities and assignments

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10. Please give the details of your abilities, skills and experience which you consider are relevant to the position applied for. The information may include an outline of your most recent achievements and your reason for applying.

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11. Personal References

Give the names and addresses of three referees. They should be responsible persons who know you well; one at least should be well acquainted with you in private life AND the others should be your 2 immediate previous employers, where applicable. The names of distinguished persons should not be used unless they know you well and they have consented. The names of relatives or those from whom you send testimonials should not be given; nor should the names of members of the board or staff of the Public Procurement Oversight Authority.

1. Full Name:.....
Address:.....
Telephone No:.....Email Address:.....
Occupation:.....
Period for which he/she has known you:.....

2. Full Name:.....
Address:.....
Telephone No:.....Email Address:.....
Occupation:.....
Period for which he/she has known you:.....

3. Full Name:.....
Address:.....
Telephone No:.....Email Address:.....
Occupation:.....
Period for which he/she has known you:.....

Declarations

I declare that the information that I have given on this form is correct and to the best of my knowledge and belief and I understand that any incorrect information may lead to disqualification/legal action.

Date:.....

(dd-mm-yyyy)

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Signature of the Applicant